

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000258313

Entity Name: MID-FLORIDA OPHTHALMOLOGY LLC

Current Principal Place of Business:

2650 W STATE ROAD 434
LONGWOOD, FL 32779

Current Mailing Address:

2650 W STATE ROAD 434
LONGWOOD, FL 32779

FEI Number: 82-4697260

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ONUSHKO, OLEKSANDR PH.D
1060 CEASARS CT
MOUNT DORA, FL 32757 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name ONUSHKO, OLEKSANDR PH.D
Address 1060 CEASARS CT
City-State-Zip: MOUNT DORA FL 32757

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: OLEKSANDR ONUSHKO

OWNER

02/11/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date